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CONFIRMATION NO. 3203

<b>SERIAL NUMBER</b> 10/719,278	<b>FILING OR 371(c) DATE</b> 11/21/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3711	<b>ATTORNEY DOCKET NO.</b> 26166
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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* 16

\*\* FOREIGN APPLICATIONS \*\*\*\*\* 16

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/09/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 31	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

27256

## TITLE

Method and system for periodontal charting

<b>FILING FEE RECEIVED</b> 1184	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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